

SERIAL NUMBER <div style="text-align: center;">09/316,226</div>	FILING DATE <div style="text-align: center;">05/21/99</div>	CLASS <div style="text-align: center;">604</div>	GROUP ART UNIT <div style="text-align: center;">3762</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">LEN-101-CIP</div>
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APPLICANT

M. RIGDON LENTZ, BRENTWOOD, TN.

CONTINUING DOMESTIC DATA***
 VERIFIED THIS APPLN IS A CIP OF 09/083,307 05/22/98

371 (NAT'L STAGE) DATA***
 VERIFIED

FOREIGN APPLICATIONS***
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/10/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; align-items: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div>	<input type="checkbox"/> Met after Allowance <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </div>	STATE OR COUNTRY <div style="text-align: center;">TN</div>	SHEETS DRAWING <div style="text-align: center;">1</div>	TOTAL CLAIMS <div style="text-align: center;">29</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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ADDRESS

PATREA L PABST
 ARNALL GOLDEN & GREGORY LLP
 2800 ONE ATLANTIC CENTER
 1201 WEST PEACHTREE STREET
 ATLANTA GA 30309-3450

TITLE

METHOD AND COMPOSITIONS FOR TREATMENT OF CANCERS

FILING FEE RECEIVED <div style="text-align: center;">\$526</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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